



REGIONAL PARTNERSHIP GRANTS

GRANT PERIOD: 2018–2023

A REGIONAL PARTNERSHIP FOR NEW YORK CITY TO IMPROVE CHILD WELFARE OUTCOMES AMONG PREGNANT WOMEN AT RISK OF SUBSTANCE MISUSE AND THEIR NEWBORNS

LEAD AGENCY: Montefiore Medical Center

TARGET SERVICE AREA: Bronx, New York

LOCATION: Bronx, New York

ADMINISTRATION FOR CHILDREN AND

FAMILIES REGION: 2

CONGRESSIONAL DISTRICT SERVED: NY-015

BRIEF PROGRAM DESCRIPTION

PROGRAM DESCRIPTION: Montefiore Medical Center is implementing a Regional Partnership Grant (RPG) initiative for New York City entitled *Improve Child Welfare Outcomes among Pregnant Women at Risk of Substance Misuse and their Newborns*. The dual goals of this project are to

(1) improve communication and collaboration among substance use disorder treatment providers, obstetricians, and child welfare providers, and (2) enhance child welfare outcomes for pregnant women who are at risk of substance misuse and their babies. Services are delivered through Montefiore's Department of Obstetrics & Gynecology and Women's Health (Obstetrics). Program services include three empirically supported interventions: Motivational Enhancement therapy to enhance intrinsic motivation to change unhealthy behaviors and support their referral to substance abuse treatment at Montefiore's Division of Substance Abuse (DOSA); Incredible Years to improve parenting skills, especially related to infancy and early childhood; and Contingency Management to reinforce healthy behaviors, including attendance at treatment and abstinence. The regional partnership represents an important collaboration among governmental agencies, a medical provider, and a substance use treatment program, with the goals of improving outcomes for families at risk of substance use and child welfare involvement and improving collaboration between diverse systems to achieve this aim.

TARGET POPULATION: The target population is pregnant women referred by Montefiore Obstetrics who are at least 16 weeks pregnant and have been identified as at risk for substance misuse, and/or have tested positive for at least one substance.

PROJECTED NUMBERS SERVED: The project anticipates serving 420 pregnant women—210 women randomly assigned to the treatment group and 210 women randomly assigned to the control group.

MAJOR PROGRAM GOALS

GOAL 1: Enhance child welfare outcomes for pregnant women who are at risk for substance misuse and their babies.

GOAL 2: Improve communication and collaboration among substance use disorder treatment providers, obstetricians, and child welfare providers.

KEY PROGRAM SERVICES

- Incredible Years for Babies
- Motivational Enhancement
- Contingency Management
- Cross-Systems Clinical Training
- Staff Training
- Cross-Systems Information Sharing

PARTNER AGENCIES AND ORGANIZATIONS

- Albert Einstein College of Medicine
- American College of Obstetricians and Gynecologists
- Bronx Family Court
- Montefiore Division of Substance Abuse
- Montefiore Obstetrics
- New York City Administration for Children's Services
- New York State Office of Alcoholism and Substance Abuse Services
- New York State Office of Children and Family Services

EVALUATION DESIGN

Montefiore Medical Center's local evaluation has two components: an impact study and a partnership study. The grantee is also participating in the Regional Partnership Grant (RPG) cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

IMPACT STUDY DESIGN

Montefiore is using a Randomized Controlled Trial design to test the impact of its RPG services among pregnant women who present at a Montefiore Obstetrics clinic for prenatal care and are at risk for substance misuse. Members of the program group receive three program models: (1) Motivational Enhancement to improve intrinsic motivation to change unhealthy behaviors (two to four sessions), (2) Incredible Years to improve parenting skills (four sessions), and (3) Contingency Management, which provides monetary incentives for attending program sessions and treatment abuse sessions. In addition to these three program models, women receive case management for 6 months, which includes the development of a plan of safe care, clinical evaluation and referrals for substance use treatment, and care coordination. Members of the comparison group receive business-as-usual prenatal care and substance abuse treatment services and referrals. The service period for women in both groups is 6 months. The impact study includes 310 families, with 155 in the program group and 155 in the comparison group. The grantee examines impacts in the following domains: permanency, safety, child well-being, family functioning, and recovery.

Data sources include administrative data and information collected by data collectors using standardized instruments. Grantee staff conduct data collection with standardized instruments for both the program and the comparison groups. Standardized instruments are administered two times for each family: (1) when families begin services (baseline) and (2) 6 months following baseline (coinciding with the end of case management service offerings for the program group).

IMPLEMENTATION STUDY DESIGN

In the implementation study, the grantee examines the nature and intensity of service delivery. Data include demographic characteristics; participant recruitment, enrollment, timing and reasons for exit, and engagement in each program component; and service use. Data sources include session attendance records, and self-report feedback about the program models. The grantee tracks these data on an ongoing basis.

PARTNERSHIP STUDY DESIGN

In the partnership study, the grantee examines involvement of the project partners and collaboration activities. Data sources include (1) annual surveys of key partners and other collaborators and (2) observations of partnership meetings throughout the project. In the annual surveys, partners report on their understanding of the project's goals and aims, the quality and benefits of the collaboration, challenges encountered, and strategies for building and sustaining the partnerships and service integration. The evaluator is also observing regional partnership meetings to examine how partners address implementation challenges, such as strategies to improve service coordination and data sharing.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

The partnership is built to be sustainable, with many opportunities to build relationships at all levels of organization and to create opportunities for consultation, joint accountability, and the exchange of information. In terms of the interventions provided, the screenings for substance use will be provided by obstetrics staff and can, therefore, be sustained. During the grant project, trainings are provided on the Comprehensive Addiction and Recovery Act amendments to the Child Abuse Prevention and Treatment Act and completing Plans of Safe Care for Obstetrics and DOSA staff. At the end of the funding period and beyond, Obstetrics and DOSA will conduct a robust training on completing and communicating Plans of Safe Care and will be able to collaborate with each other, the Administration for Children's Services, and others on this topic. Motivational Enhancement therapy and Incredible Years are billable services and can be provided through insurance reimbursement at appropriate clinical sites after the grant period ends. Contingency Management may be sustainable based on the interest of health plans or risk-based entities. Finally, if the program is demonstrated to be successful, results are fully scalable throughout Montefiore, the Bronx, and New York City.

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